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KBCA CWTV41

Fax: 13378962695

May 13 2011 09:31am P003/018

#### **LOUISIANA BOARD OF ETHICS**

Post Office Box 4368

Baton Rouge, Louisiana 70821

□AMENDED KEFOKT	KBCA CWTV41		Fax: 13378962695	May 13 2011 09: <u>31am P0</u> 0	4/018
I currently hold an office that we As such, I have completed Schedule	ould require me to file E.	e a Tie	er 3 Personal Financi	al Disclosure Statement.	
Name of Filer (print full name) CH	ARLES H. CHATELAIN				
Address (residence) 2130 BE	AU BASSIN RD.				
City, State, Zip CARENCE	RO, LA 70520				
Name of Board/Commission	I (NO ABBREVIATIONS) LOUI.	SIANA	PRISON ENTERPRISE /	I AFAYETTE ARIPORT COMM	MESIO:
Date of Appointment: 7/2	5/09 / 8/5/08		,	EXTRACTION COMM	1133101
Date Appointment Expire					
Name of Spouse (print full name)	7	·			
Spouse's Occupation HON					
Principal Business Addre					
City, State, Zip			· · · · · · · · · · · · · · · · · · ·		
CHECK ONE:  Neither I, nor any member of my industrial performance of my duties I have attached a statement describe.	mmediate family, have relationship, that in an s.	a pers y way	sonal or financial inter poses a conflict of int	est in any entity, contract, or erest, which would affect the	
Check all that apply:					
igotimesI have filed my state income tax r	eturn for the previou	s yea	ŕ.		
$\square$ I have filed for an extension of m	y state income tax ret	urn f	or the previous year	ı	
⊠l have filed my federal income ta	x return for the previ	ous y	ear.		
$\square$ I have filed for an extension of m					
NOTE: La. R.S. 42:1124.2.1 d personal financial disclosure	oes not provide you ti estatement.	he opj	portunity to request :	ın extension in filing your	
	<u>Certification</u>	n of A	Accuracy		

Revised February 2011

and correct to the best of my knowledge and belief.

Form 417

I do hereby certify that the information contained in this personal financial disclosure statement is true

Signature of Filer www.ethics.state.la.us

#### **LOUISIANA BOARD OF ETHICS**

Post Office Box 4368

Baton Rouge, Louisiana 70021

# Schedule A: Employment Information

DY CHECK II HOL	appurable					
⊠Filer □Spe	ouse	☐Full-Time	Part-Time	· · · · · · · · · · · · · · · · · · ·		
Name of Empl	oyer: N/A					
Job Tit	le:					
	scription:					
□Filer ⊠Spo			☐Part-Time			
Name of Empl	oyer: N/A					
Job Tit	le:		<b>-</b>			
	scription:				·	
∏Filer ∏Spe	ouse	∏Full-Time	☐Part-Time	· · · · · · · · · · · · · · · · · · ·		
Name of Empl	oyer:		<u> </u>			
	le:					
	scription:					
□Filer □Sp			☐Part-Time	· · · · · · · · · · · · · · · · · · ·		
Name of Emp	loyer:					
	le:					
Job De	scription:					

- You are required to disclose on SCHEDULE A employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is fulltime or part-time.

#### LOUISIANA BOARD OF ETHICS

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## Schedule B: Income from the State, Political

Check if not	applicable	Subdivisions, and/or Gaming Interests	
⊠Filer [	 □Spouse	Business (where amount of interest exceeds 10%)	
		Type of Income: ⊠State □Political Subdivision □	Gaming Interest
Name of Busi	ness (if applic	cable): STATE OF LOUISIANA - OSUP	•
Name of Inco	me Source: [	BOARD FEES - LOUISIANA PRISON ENTERPRISE BOARD	
	ss: POBOX 94	· · · · · · · · · · · · · · · · · · ·	***
City, St	ate, Zip: BAT	ON ROUGE, LA 70804	
Amount of Inc	come (exact de	ollar amount): \$ 900.00	
□Filer [	□Spouse	Business (where amount of interest exceeds 10%)	W.L.
		Type of Income: State Political Subdivision	Gaming Interest
Name of Busi	ness (if applic	cable):	
Name of Inco	me Source: _		
Addres	ss:		
City, St	ate, Zip:		
1 .		follar amount): \$	
□Filer [	Spouse	Business (where amount of interest exceeds 10%)	
		Type of Income: State Political Subdivision	Gaming Interest
Name of Busi	ness (if applic	cable):	
Name of Inco	me Source:		
Addres	ss:		
City, St	tate, Zip:		
		dollar amount): \$	

<sup>\*</sup> You are required to complete SCHEDULE B if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

<sup>\*&</sup>quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

<sup>\*</sup> Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

<sup>\*</sup> The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

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May 13 2011 09:31am P007/018

### **LOUISIANA BOARD OF ETHICS**

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Baton Rouge, Louisiana 70821

	<u></u>	KBCA CWTV41	Fax: 13378962695	May 13 2011 09:	31am P008/018
⊠Filer □Spouse	e 🔲 Both				
Amount of Interest (wi	vere interest exceeds	10%): 100	_%		
Name of Business: D	ELTA MEDIA CORPO	RATION	·		
Address: 3	501 N W EVANGELIN	IE THRUWAY			
City, State, Zi <sub>l</sub>	p: CARENCRO, LA 7	0520			
Business Description	n: A DELAWARE (	ORPORATION			
Nature of Associatio	n: SHAREHOLDER	DIRECTOR / OFFICER			
⊠Filer □Spous	se Both	<u>, , , , , , , , , , , , , , , , , , , </u>			
Amount of Interest (w)	here interest exceeds	10%): 100	%		
Name of Business: R	EALTY ONE, INC.				
Address: 3	501 N W EVANGELIN	IE THRUWAY			
City, State, Zi	p: CARENCRO, LA 7	′0520			
Business Descriptio	n: <u>A LOUISIAN</u> A (	ORPORATION		-	
Nature of Associatio	n: SHAREHOLDER	/ DIRECTOR / OFFICER			
⊠Filer □Spous	se Both				
Amount of Interest (w	here interest exceeds	10%): 100	%		
Name of Business: <sup>k</sup>	(ADN BROADCASTIN	IG, INC.			
Address:	3501 N W EVANGELI	NE THRUWAY			
City, State, Z	ip: CARENCRO, LA 7	'0520			
Business Descriptio	n: A DELEWARE	CORPORATION			
Nature of Association				<u> </u>	

<sup>\*</sup> You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business <u>and</u> if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

<sup>\* &</sup>quot;Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

#### **LOUISIANA BOARD OF ETHICS**

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Li Check if not applicable	
⊠Filer □Spouse □Both	
Amount of Interest (where interest exceeds 10%): 100	_%
Name of Business: DELTA COMMUNICATIONS CORPORATION	
Address: 3501 N W EVANGELINE THRUWAY	
City, State, Zip: CARENCRO, LA 70520	
Business Description: A LOUISIANA CORPORATION	
Nature of Association: SHAREHOLDER / DIRECTOR / OFFICER	
⊠Filer □Spouse □Both	
Amount of Interest (where interest exceeds 10%): 100	_%
Name of Business: LAFAYETTE AERO, INC.	
Address: 3501 N W EVANGELINE THRUWAY	
City, State, Zip: CARENCRO, LA 70520	
Business Description: A LOUISIANA CORPORATION	
Nature of Association: SHAREHOLDER / DIRECTOR / OFFICER	
⊠Filer □Spouse □Both	······································
Amount of Interest (where interest exceeds 10%): 49.9	_%
Name of Business: ABDALLA'S LAFAYETTE, INC.	
Address: 3501 N W EVANGELINE THRUWAY	
City, State, Zip: CARENCRO, LA 70520	
Business Description: A LOUISIANA CORPORATION	
Nature of Association: SHAREHOLDER/DIRECTOR/OFFICER	

<sup>\*</sup> You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business <u>and</u> if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

<sup>\* &</sup>quot;Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

Fax: 13378962695

May 13 2011 09:31am P010/018

### **LOUISIANA BOARD OF ETHICS**

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		KBCA CWTV41	Fax: 13378962695	May 13 2011 09:32am	D011/010
⊠Filer □Spot	ıse Both	NDOIT OFFITAL	1 47. 133 10302033	May 13 2011 03-32411	1011/010
Amount of Interest (	where interest exceeds	: 10%): <u>50</u>	%		
Name of Business:	ST MARY BOULEVAR	D, LLC	_		
Address:	3501 N W EVANGELII	NE THRUWAY			
City, State, 2	zip: CARENCRO, LA	70520	<u></u>		
Business Descripti	on: A LOUISIANA I	LIMITED LIABILITY CO	DMPANY		
Nature of Associat	ion: MEMEBER / MAI	NAGER			
⊠Filer □Spou	ıse 🔲 Both	<u>_</u>		**-/	
Amount of Interest (	where interest exceeds	s <b>10%)</b> : 50	%		
Name of Business:	NETWORK TELEPHON	NE AND TELEGRAPH LLC			
Address:	3501 N W EVANGELII	NE THRUWAY	-		
City, State, 2	Zip: CARENCRO, LA	70520			-
Business Descripti	on: A LOUISIANA	LIMITED LIABILITY CO	OMPANY		
Nature of Associat	ion: MEMBER/MAN	IAGER			W
⊠Filer □Spor	ıse 🔲 Both				
Amount of Interest (	where interest exceeds	s 10%); 50	_%		
Name of Business:	HI HEELS, LLC				
Address:	3501 N W EVANGELI	NE THRUWAY			
City, State, 2	Zip: CARENCRO, LA 7	70520			
Business Descripti	on: A LOUISIANA	LIMITED LIABILITY CO	OMPANY		
Nature of Associat	ion: MEMBER/MAN	IAGER	<b>*</b>		
	<del></del>				

<sup>\*</sup> You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business and if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

<sup>\* &</sup>quot;Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

#### **LOUISIANA BOARD OF ETHICS**

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Baton Rouge, Louisiana 70821

Check if not applicable		
⊠Filer □Spouse □Both	<del> </del>	
Amount of Interest (where interest exceeds 10%): 50	%	
Name of Business: WAREHOUSE ENTERPRISES, LLC		
Address: 3501 N W EVANGELINE THRUWAY		
City, State, Zip; CARENCRO, LA 70520		,
Business Description: A LOUISIANA LIMITED LIABILITY (	COMPANY	
Nature of Association: MEMBER/MANAGER		
⊠Filer □Spouse □Both		· · · · · · · · · · · · · · · · · · ·
Amount of Interest (where interest exceeds 10%): 100	%	
Name of Business: FAR HORIZON, LTD.		
Address: 3501 N W EVANGELINE THRUWAY		~~~~
City, State, Zip: CARENCRO, LA 70520		
Business Description: A LOUISIANA CORPORATION		
Nature of Association: SHAREHOLDER / DIRECTOR / OFFICER		
□Filer ☑Spouse □Both		
Amount of Interest (where interest exceeds 10%): 16.67	%	
Name of Business: GEORGE R. LANDRY FAMILY, LLC		
Address: 156 GRAND AVE.		
City, State, Zip: LAFAYETTE, LA 70503		
Business Description: A LOUISIANA LIMITED LIABILITY (	COMPANY	
Nature of Association: MEMBER		

<sup>\*</sup> You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business and if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

<sup>\* &</sup>quot;Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

### **LOUISIANA BOARD OF ETHICS**

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Check if not applicable
⊠Filer □Spouse □Both
Amount of Interest (where interest exceeds 10%): 34.2
Name of Business: GULF MANAGEMENT, LLC OF DELEWARE
Address: 3501 N W EVANGELINE THRUWAY
City, State, Zip: CARENCRO, LA 70520
Business Description: A DELEWARE LIMITED LIABILITY COMPANY
Nature of Association: MEMBER/MANAGER
Amount of Interest (where interest exceeds 10%): 100 %
Name of Business: DELTA RIDGE RANCH, LLC
Address: 3501 N W EVANGELINE THRUWAY
City, State, Zip: CARENCRO, LA
Business Description: A LOUISIANA LIMITED LIABILITY COMPANY
Nature of Association: MEMBER/MANAGER
Filer Spouse Both
Amount of Interest (where interest exceeds 10%): %
Name of Business:
Address:
City, State, Zip:
Business Description:
Nature of Association:

<sup>\*</sup> You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business and if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

<sup>\* &</sup>quot;Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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May 13 2011 09:32am P014/018

### **LOUISIANA BOARD OF ETHICS**

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Baton Rouge, Louisiana 70821

Schedule D: Positions - Nonprofit

⊠Filer □Spous		KBCA CWTV41	Fax: 13378962695	May 13 2011 09	:32am P015/018	
Name of Organizat		ISTRY INC.				
1	71 N W EVANGELIN		-			
City, State, Zi	ip: <u>CARENCRO, LA</u>	70520				_
Nature of Associati						
Description of Org	anization: A LO	UISIANA NON-PROFI	T CORPORATION			
⊠Filer □Spous	se					_
Name of Organizat	ion: LOUISIANA PE	RISONS CHAPEL FOUNDA	ATION, INC.			
Address: 527	NORTH BLVD.					_
City, State, Zi	p: BATON ROUGE,	LA 70802				_
Nature of Associati	on: DIRECTOR				***	_
Description of Orga	anization: A LO	UISIANA NON-PROFI	T CORPORATION			_
⊠Filer □Spous	ie –					
Name of Organizati	ion: CHRIST OUR K	ING COMMUNICATIONS				
Address: PC	) BOX 159					_
City, State, Zi	p: <u>CARENCRO, LA</u>	70520		~ ~		-
Nature of Associati	on: BOARD MEM	BER	4.M.			_
Description of Orga	anization: A LO	UISIANA NON-PROFI	T CORPORATION			

Fax: 13378962695

May 13 2011 09:32am P016/018

### **LOUISIANA BOARD OF ETHICS**

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Schedule E: Other Offices/Positions Held

	KBCA CWTV41	Fax: 13378962695	May 13 2011 09:32am (	P017/018
Name of Office/Position:	<u> </u>			~
Name of Office/Position:			· · · · · · · · · · · · · · · · · · ·	
Name of Office/Position:				
Name of Office/Position:				
Name of Office/Position:	<u> </u>			
Name of Office/Position:				
Name of Office/Position:				
Name of Office/Position:				
Name of Office/Position	444		***	
Name of Office /Posicia-	7	` `		

\* "Public Office" means any state, parish, municipal, ward, district, or other office or position that is filled by election of the voters.

Revised February 2011 Form 417 www.ethics.state.la.us

<sup>\*</sup>You are required to complete SCHEDULE E if you hold any other office or position which would require you to file a personal financial disclosure statement under Section 1124.3.